Haul Route Permit Application Department of Transportation 4 North 2<sup>nd</sup> Street, Suite 1000 San Jose, CA 95113

Phone: (408) 277-4304 Fax: (408) 277-3162



Part 1: Applicant information	Di Vi I
Name:	Phone Number:
Organization/Company:	Fax Number:
Part II: Project Information	
Project Name:	Project Address:
3- or Tract Number:	Project Site Phone Number:
City Inspector Name:	Phone Number of Inspector:
Part III: Haul Route Information	
Name of hauling contractor: Phone number of contractor:	
Total quantity and type of material being hauled:	
Estimated number of round trips per day:	
Estimated number of tons or cubic yards per trip:	
The Requested Days, Dates, and Times of the Haul Operation:	
Requested Days: Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	
Requested Date(s):         From:         To:	
Requested Hour(s): From:	To:
Requested route(s) from project site to the haul route destination (in addition please attach a map with the highlighted route):  Requested route(s) from the haul route destination to the project site (in addition please attach a map with the highlighted route):	
Applicant Signature	Date
Printed Name	